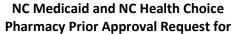


NC Medicaid and NC Health Choice Pharmacy Prior Approval Request for Viekira: Initial PA Form

Beneficiary Information

1. Beneficiary Last Name:	2. First Name:			
3. Beneficiary ID #:	4. Beneficiary Date of Birth:	5. Be	neficiary Gender:	
Prescriber Information				
6. Prescribing Provider NPI #:				
7. Requester Contact Information			Ext	
Drug Information				
8. Drug Name:	9. Strength:	10. Quantity	Per 30 Days: <u>112</u>	
11. Length of Therapy (in days):				
to request additional weeks of therapy).				
Clinical Information				
Total Length of Therapy (Check ONE)				
□ 12 weeks = Genotype 1a, without cirrhosis, or genotype 1b, with cirrhosis				
□ 24 weeks = Genotype 1a, with compensated cirrhosis				
1. Is the beneficiary is 18 years of age or older with a diagnosis of chronic hepatitis C (CHC) infection with				
confirmed genotype 1 b without cirrhosis or with compensated cirrhosis or confirmed genotype 1a				
without cirrhosis or with compensated cirrhosis in combination with ribavirin? Yes No				
Genotype is: Fibrosis stage is:				
2. For all treatment courses except genotype 1b (without cirrhosis), will treatment include the use of ribavirin?				
□ Yes □ No				
3. Have medical records documenting the diagnosis of chronic hepatitis C with genotype and subtype been submitted?				
☐ Yes ☐ No **Lab test results MUST be attached to the PA to be approved.**				
4. Which of the following are included with the submitted medical records to document the staging of liver disease:				
☐ Metavir scores ☐ FibroSURE score ☐ IASL scores				
☐ Batts-Ludwig scores ☐ Fibroscan score ☐ Ishak scores				
☐ APRI score Radiological imaging consistent with cirrhosis				
☐ Physical findings or clinical evidence consistent with cirrhosis as attested by the prescribing physician				
5. Does the beneficiary have a documented quantitative HCV RNA at baseline that was tested within the past 6 months (medical				
documentation required)? Yes No HCV RNA (IU/ml): and/or log10 value:				
				
6. Has the beneficiary agreed to toxicology and/or alcohol screenings as needed? ☐ Yes ☐ No 7. As the provider, are you reasonably certain that treatment will improve the beneficiary's overall health status?				
✓ Yes □No				
	ias been evaluated for readiness for t	reatment and the heneficiar	v agrees to be compliant	
8. Do you attest that the beneficiary has been evaluated for readiness for treatment and the beneficiary agrees to be compliant with therapy, follow-up appointments and labs? Yes No				
9. Has the provider assessed for laboratory and clinical evidence of hepatic decompensation? Yes No				
10. Does the beneficiary have cirrhosis? ☐ Yes ☐ No If answer is yes, please answer the following:				
10. Does the beneficiary have cirrnosis? — Yes — No if answer is yes, please answer the following: 10a. Is the beneficiary being monitored for clinical signs and symptoms of hepatic decompensation (such as ascites,				
hepatic encephalopathy, variceal hemorrhage)? Yes No				
nepatic encephatopatity, variceal hemorrhage): 🗆 Tes 🗆 NO				





10b. Has the beneficiary received hepatic laboratory testing including direct biliru four weeks of starting treatment and as clinically indicated? ☐ Yes ☐ No 11. Is Viekira Pak being used in combination with other protease inhibitors used to tre	_		
telaprevir) or in combination with another nucleotide NS5B polymerase inhibitor			
☐ Yes ☐ No			
12. Is the beneficiary using viekira pak in combination with another NS5A inhibitor? \Box	☐ Yes ☐ No		
13. Is the beneficiary requesting the regimen for re-treatment and either failed to achieve a SVR (defined as a lower limit HCV RNA of 25 IU/mL) or relapsed after achieving a SVR during a prior successfully completed treatment regimen consisting of			
Sofosbuvir? ☐ Yes ☐ No			
14. Is the beneficiary requesting the regimen for re-treatment and either failed to achieve a SVR (defined as a lower limit HCV			
RNA of 25 IU/mL) or relapsed after achieving a SVR during a prior successfully con	npleted treatment regimen consisting of		
Ledipasvir? ☐ Yes ☐ No			
15. Does the beneficiary have decompensated liver disease as defined by Child-Pugh classification score of Child Class B or C			
(VIEKIRA PAK™ is contraindicated in beneficiaries with moderate to severe hepati	c impairment (Child-Pugh B and C)?		
☐ Yes ☐ No			
16. Has the beneficiary attempted a previous course of therapy with Viekira Pak? ☐ Yes ☐ No			
17. Does the beneficiary have any FDA labeled contraindications to Viekira Pak? \Box Ye	s 🗆 No		
Signature of Prescriber:	_ Date:		
(Prescriber Signature Mandatory)			

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Pharmacy PA Call Center: (866) 246-8505 DHB Pharmacy 34 02/25/21